

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14417

FILED APR 25 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3148**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 1447 Clinton avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) SMITH	c. (Last) JENKINS	4. DATE OF DEATH (Month) (Day) (Year) MARCH 31, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-27-1885	9. AGE (In years last birthday) Months Days Hours Min. 66
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Scott County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jackson Jenkins	13b. MOTHER'S MAIDEN NAME Virginia Stone	14. NAME OF HUSBAND OR WIFE Ollie Jenkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-16-7626	17. INFORMANT'S SIGNATURE OR NAME Ollie Jenkins, 1447 Clinton avenue	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic pylorospasm with uremia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Benign prostatic hypertrophy</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>load</i>
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22. I hereby certify that I attended the deceased from 3-5-52, 19 , to 3-31-52, 19 , that I last saw the deceased alive on 3-31-52, 19 , and that death occurred at 12:27Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Andrew H. ...</i>	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 3-31-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4-1-52	24c. NAME OF CEMETERY OR CREMATORY Chaffee, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL APR 3 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff F. H., Chaffee, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ronald O. Yalunke

Licensed Embalmer No. 3917

P. O. Address St Louis

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.